extending from June 26 to August 5 in the nature of summer school at this seaside laboratory. Two other marine laboratories in Southern California will be open throughout the summer, that of the University of Southern California at Venice and that of Pomona College at Laguna Beach. At Pacific Grove the Stanford Marine Laboratory will be open for a summer session of six weeks beginning May 22.

Southern California is of especial interest because of the natural features of geology, zoology, botany, and of the archaeology of the Southwest, which are peculiar to the region. Many of these are readily accessible from San Diego, and excursions to them will form a prominent part of the San Diego meeting of the Pacific Division of the American Association for the Advancement of Science in August.

A PLEA FOR CERTAIN MEDICAL OFFICERS OF THE U. S. ARMY.

The Act of Congress approved April 23, 1908, provides for a Medical Reserve Corps of the United States Army, and for the purpose of securing a reserve corps of medical officers available for military service, the President of the United States is authorized to issue commissions as First Lieutenants therein to such graduates of reputable schools of medicine, citizens of the United States, as shall from time to time, upon examination to be prescribed by the Secretary of War, be found physically, mentally, and morally qualified to hold such commissions, the persons so commissioned to constitute and be known as the Medical Reserve Corps.

The commissions so given bear certain exceptions to the holders thereof, as compared to the rights and privileges conferred upon First Lieutenants of the medical corps, and First Lieutenants of the other branches of the service, namely:

1. No promotion.
2. To rank next below all other First Lieutenants in the U. S. Army.
3. The President is authorized to honorably discharge from the Medical Reserve Corps any officer thereof whose services are no longer required.
4. Not entitled to retirement or retirement pay.

Congress has by the Act approved March 3, 1911, granted to the Dental Surgeon, the right of retirement on account of age or disability, as in the case of other officers.

The functions of the medical corps and the medical reserve corps are one and the same, the many varied and complex duties the officers in each corps are required to perform are alike. In spite of the status of the officer in the medical reserve corps, he is a man who has the same spirit and pride to uphold the honor and dignity of the profession, to render to his country, service of a high standard of excellence, and to maintain social consideration, dedicating himself soul and body, with zeal and industry to the performance of his duties, with the faithfulness of his colleagues in the medical corps.

The very terms of the law under which the medical department of the Army was reorganized in 1908, does the greatest injustice to the officers of the medical reserve corps; they are the only commissioned officers in the Army denied the privilege of retirement. The law relative to the dental surgeon is a good one, a step in advance, he does not get more than he deserves, but comparing service, it is believed a long stride should have been made by Congress, with the same effort, and equal provision made for the officer in the medical reserve corps, as he surely is entitled to and should receive the same privileges of retirement for disability or age as the dental surgeon and other officers of the Army.

The duties of the M. R. C. officer and the character of service are well explained in an article published lately in the Journal of the American Medical Association, entitled "What the Civilian Doctor Called to Active Service With the Army Should Know." He should know all that is set forth in the article, and he should know also what the Government proposes to do (or not do) for him in return for his services.

If the reorganization of the medical department of the Army does not include legislation changing the status of the officer in the medical reserve corps, he should know that under the present law, that when the "Civilian" Doctor is called into active service if he is wounded in battle or incapacitated by disease and rendered physically unfit for further service and unable to resume his practice to earn a living in civil life, the unfortunate result is that he is relieved from the service of the United States, which he so patriotically accepted, and sent to his home (if he has one) with the only hope of a meager pension if he can get it.

The commission that the officer in the M. R. C. holds is practically a contract, there is very little difference in the status of that officer and a contract surgeon, the latter has the same rank, First Lieutenant, same privileges of quarters, fuel, light, transportation of personal and household effects, etc. No advancement, promotion or retirement for either, and their services can be terminated at any time when no longer desired.

The commission such as given the medical reserve corps officer, does not make him a part of the U. S. Army, or of the regular medical corps, no more than it would the Contract Surgeon, neither is regarded as belonging to the medical corps; they are both only WITH the Army, and not a PART of it.

It is believed that the officers of the medical reserve corps when upon the Active List, should be accorded the same rights and privileges as is now authorized by law for the Dental Surgeons, Chaplains, Veterinarians and Pay Clerks in the Army. Officers on the inactive list of the M. R. C. should use their best efforts to secure the enactment of such legislation commensurate with the dignity of their profession, and that will place them on an equal footing with the other officers of the Army.

PRINCIPAL CAUSES OF DEATH.

Census Bureau's Summary of the Statistics for the Registration Area in 1914.

Washington, D. C., January 16, 1916.

According to a preliminary announcement with reference to mortality in 1914, issued by Director Sam. L. Rogers, of the Bureau of the Census, Department of Commerce, and compiled by Mr. Richard C. Lappin, chief statistician for vital statistics, more than 30 per cent. of the 898,059 deaths reported for that year in the "registration area," which contained about two-thirds of the population of the entire United States, were due to three causes—heart diseases, tuberculosis, and pneumonia—and more than 60 per cent. to eleven causes—the three just named, together with Bright's disease and nephritis, cancer, diarrhea and enteritis, apoplexy, arterial diseases, diphtheria, diabetes, and typhoid fever.

The deaths from heart diseases (organic diseases of the heart and endocarditis) in the registration area in 1914 numbered 99,534, or 150.8 per 100,000 population. The death or mortality rate from this cause shows a marked increase as compared with 1900, when it was only 123.1 per 100,000.

Tuberculosis in its various forms claimed 96,903 victims in 1914, of which number 84,366 died from

tuberculosis of the lungs (including acute miliary tuberculosis). As a result of a more general understanding of the laws of health, the importance of fresh air, etc., due in part, no doubt, to the efforts of the various societies for the prevention of tuberculosis, there has been a most marked and gratifying decrease during recent years in the mortality from this scourge of civilization. In only a decade—from 1904 to 1914—the death rate from tuberculosis in all its forms fell from 200.7 to 146.8 per 100,000, the decline being continuous from year to year. This is a drop of more than 25 per cent. Prior to 1904 the rate had fluctuated, starting at 201.9 in 1900. Even yet, however, tuberculosis has the gruesome distinction of causing more deaths annually than any other form of bodily illness except heart diseases, and over 40 per cent. more than all external causes—accidents, homicides, and suicides combined.

Pneumonia (including bronchopneumonia), was responsible for 83,804 deaths in the registration area in 1914, or 127 per 100,000—the lowest rate on record. The mortality rate from this disease, like that from tuberculosis, has shown a marked decline since 1900, when it was 180.5 per 100,000. Its fluctations from year to year, however, have been pronounced, whereas the decline in the rate for tuberculosis has been nearly continuous.

The only remaining death rate higher than 100 per 100,000 in 1914 was that for Bright's disease and acute nephritis, 102.4. The total number of deaths due to these maladies in 1914 was 67,545, more than nine-tenths of which were caused by Bright's disease and the remainder by acute nephritis. The mortality from these two causes increased from 89 per 100,000 in 1900 to 103.4 in 1905, since which year it has fluctuated somewhat.

Next in order of deadliness come cancer and other malignant tumors, which filled 52,420 graves in 1914. Of these deaths, 19,889, or almost 38 per cent., resulted from cancers of the stomach and liver. The death rate from cancer has risen from 63 per 100,000 in 1900 to 79.4 in 1914. The increase has been almost continuous, there having been but two years—1906 and 1911—which showed a decline as compared with the years immediately preceding. It is possible that at least a part of this indicated increase is due to more accurate diagnoses and greater care on the part of physicians in making reports to registration officials.

Diarrhea and enteritis caused 52,407 deaths in 1914, or 79.4 per 100,000. This rate shows a marked falling off as compared with the rate for the preceding year, 90.2, and a very pronounced decline as compared with that for 1900, which was 133.2. Nearly five-sixths of the total number of deaths charged to these causes in 1914 were of infants under 2 years of age.

Apoplexy was the cause of 51,272 deaths, or 77.7 per 100,000. The rate from this malady has increased gradually, with occasional slight declines, since 1900, when it stood at 67.5.

Arterial diseases of various kinds—atheroma, aneurism, etc.,—caused 15,044 deaths, or 22.8 per 100,000, in the registration area.

No epidemic disease produced a death rate as high as 18 per 100,000 in 1914. The fatal cases of diphtheria and croup—which are classed together in the statistics, but practically all of which are of diphtheria—numbered 11,786, or 17.9 per 100,000, in that year, the rate having fallen from 43.3 in 1900. This decline of nearly 59 per cent. is relatively greater than that shown by any other important cause of death. The rate has not fallen continuously, but has fluctuated somewhat from year to year.

Diabetes was the cause of 10,666 deaths, or 16.2 per 100,000. The rate from this disease has risen almost continuously from year to year since 1900, when it was 9.7 per 100,000.

The mortality rate from typhoid fever has shown a most gratifying decline since 1900, having decreased from 35.9 per 100,000 in that year to 15.4 in 1914, or by 57 per cent. This decline has been almost as great, relatively, as that for diphtheria, and has been greater than that for any other principal cause of death. The total number of deaths due to typhoid fever in 1914 was 10,185. The marked decrease in the mortality from this disease gives emphatic testimony to the effectiveness of present-day methods, not only of cure but of prevention. The efficacy of improved water-supply and sewage systems, of the campaign against the fly, and of other sanitary precautions, is strikingly shown by the reduction of the typhoid mortality rate to the extent of more than five-ninths in 14 years.

Whooping Cough, Measles, and Scarlet Fever.

The principal epidemic maladies of chilhood—whooping cough, measles, and scarlet fever—were together responsible for no fewer than 15,617 deaths of both adults and children, or 23.7 per 100,000, in the registration area in 1914, the rates for the three diseases separately being 10.3, 6.8, and 6.6, respectively. In 1913 measles caused a greater mortality than either of the other diseases, but in 1914 whooping cough had first place. In every year since and including 1910, as well as in several preceding years, measles has caused a greater number of deaths than the much more dreaded scarlet fever. The mortality rates for all three of these diseases fluctuate greatly from year to year. The rates for measles and scarlet fever in 1914 were the lowest in 15 years, while that for whooping cough was considerably above the lowest recorded rate for this disease, 6.5 in 1904, although far below the highest, 15.8 in 1903.

Railway and Street-Car Accidents.

Deaths due to railway accidents and injuries totaled 7,062, or 10.7 per 100,000. This number includes fatalities resulting from collisions between railway trains and vehicles at grade crossings. The death rate from railway accidents and injuries is the lowest on record and shows a most marked and gratifying decline as compared with the rate for 1913, which was 13 per 100,000, and a still more pronounced drop from the average for the five-year period 1906-1910, which was 15 per 100,000.

Deaths resulting from street-car accidents and injuries numbered 1,673, or 2.5 per 100,000. This rate, like that for railway fatalities, is the lowest on record and shows a material falling off as compared with 1913, when it was 3.2, and as compared with the average for the five-year period 1906-1910, which was 3.7.

Suicides.

The number of suicides reported in 1914 was 10,933, or 16.6 per 100,000 population. Of this number, 3,286 accomplished self-destruction by the use of firearms, 3,000 by poison, 1,552 by hanging or strangulation, 1,419 by asphyxia, 658 by the use of knives or other cutting or piercing instruments, 619 by drowning, 225 by jumping from high places, 89 by crushing, and 85 by other methods.

THE APRIL MEETING OF THE STATE BOARD OF HEALTH.

The regular monthly meeting of the State Board of Health was held April 1st, in Sacramento. There were present Dr. George E. Ebright, President; Dr. F. F. Gundrum, Vice-President; Dr. Edward F. Glaser, Dr. Robert A. Peers, Dr. Adelaide Brown and Dr. Wilbur A. Sawyer, Secretary.

The State Board of Health decided to continue to furnish lectures on public health and preventive medicine which had been requested by the University of California Medical School.

The Secretary was appointed the delegate of the State Board of Health to the Fourteenth Annual